

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2	/						62						
3	/						63						
4	/						64						
5	/						65						
6	/						66						
7	/						67						
8	/						68						
9	/						69						
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37	/						97						
38	/						98						
39	/						99						
40	/						100						
41	/												
42	/												
43	/												
44	/												
45	/												
46	/												
47	/												
48	/												
49	/												
50	/												
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						